

SUBGRANT AWARD REPORT

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This information is reported to the Office for Victims of Crime.

1. a. LEGAL APPLICANT AGENCY NAME AND ADDRESS (Including Zip Code):

b. TELEPHONE NUMBER: ()

2. PURPOSE OF SUBGRANT AWARD: (Check one)

- a. ☐ Start up a new victim services project.
- b. ☐ Continuation of ICJI funded program funded in a previous year.
- c. ☐ Expand or enhance an existing project not funded by ICJI in the previous year.

3. a. AMOUNT OF FEDERAL AWARD: \$ _____
 b. GRANT NUMBER: _____
 c. PROJECT PERIOD: _____
 d. PROJECT TITLE: _____

4. SUBGRANT MATCH (financial support from other sources):

- a. VALUE OF IN-KIND MATCH: \$ _____
- b. CASH MATCH: \$ _____
- c. TOTAL MATCH: \$ _____

5. THESE VOCA AND STATE FUNDS WILL PRIMARILY BE USED TO: (Check One)

- a. ☐ Expand services into a new geographic area
- b. ☐ Offer new type of services
- c. ☐ Serve additional victim populations
- d. ☐ Continue existing services to crime victims
- e. ☐ Other

6. FOR THIS VICTIM SERVICES PROGRAM INDICATE:

- a. NUMBER OF PAID STAFF _____ (Full-time Equivalents)
- b. HAS THE VICTIM SERVICES PROGRAM RECEIVED A VOLUNTEER WAIVER? ☐ YES ☐ NO
 IF NO, INDICATE THE NUMBER OF VOLUNTEER STAFF _____ (Full-time Equivalents)

7. IDENTIFY ANY OR ALL OF THE FEDERAL AWARD THAT WILL BE USED TO MEET THE FOLLOWING: (Please fill in dollar amount. Please do not leave section blank.)

- a. CHILD ABUSE \$ _____
- b. FAMILY VIOLENCE \$ _____
- c. SEXUAL ASSAULT \$ _____
- d. UNDERSERVED:
 - 1. DUI CRASHES \$ _____
 - 2. SURVIVORS OF HOMICIDE VICTIMS \$ _____
 - 3. ASSAULT \$ _____
 - 4. ADULTS MOLESTED AS CHILDREN \$ _____
 - 5. ADULT/ELDER ABUSE \$ _____
 - 6. ROBBERY \$ _____
 - 7. VICTIMS OF YOUTH GANG CRIMES \$ _____
 - 8. OTHER VIOLENT CRIME \$ _____

8. TYPE OF IMPLEMENTING AGENCY (Check the appropriate)

a. CRIMINAL JUSTICE – GOVERNMENT

- | | |
|---|---|
| 1. <input type="checkbox"/> Law Enforcement | 4. <input type="checkbox"/> Court |
| 2. <input type="checkbox"/> Prosecution | 5. <input type="checkbox"/> Corrections |
| 3. <input type="checkbox"/> Probation | 6. <input type="checkbox"/> Other |

b. NONCRIMINAL JUSTICE – GOVERNMENT

- | | |
|---|--------------------------------------|
| 1. <input type="checkbox"/> Social Services | 4. <input type="checkbox"/> Hospital |
| 2. <input type="checkbox"/> Mental Health | 5. <input type="checkbox"/> Other |
| 3. <input type="checkbox"/> Public Housing | |

c. PRIVATE NON-PROFIT

- | | |
|--|--|
| 1. <input type="checkbox"/> Hospital | 4. <input type="checkbox"/> Shelter |
| 2. <input type="checkbox"/> Rape Crisis | 5. <input type="checkbox"/> Mental Health Agency |
| 3. <input type="checkbox"/> Religious Organization | 6. <input type="checkbox"/> Other |

9. PLEASE PROVIDE THE TOTAL AMOUNT OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON THE CURRENT FISCAL YEAR BUDGET:

<u>FUNDING SOURCES</u>		<u>CURRENT YEAR</u>
a.	FEDERAL (Excluding VOCA)	\$ _____
b.	FEDERAL VOCA FUNDS	\$ _____
c.	STATE (Excluding ICJI)	\$ _____
d.	STATE (ICJI)	\$ _____
e.	LOCAL	\$ _____
f.	OTHER	\$ _____

10. IDENTIFY THE VICTIMS TO BE SERVED THROUGH THIS VOCA/ICJI FUNDED PROJECT (including match) BY CHECKING THE TYPE OF CRIME(S):

- | | |
|--|---|
| a. <input type="checkbox"/> CHILD PHYSICAL ABUSE | g. <input type="checkbox"/> ADULTS MOLESTED AS CHILDREN |
| b. <input type="checkbox"/> CHILD SEXUAL ABUSE | h. <input type="checkbox"/> SURVIVORS OF HOMICIDE VICTIMS |
| c. <input type="checkbox"/> DUI/DWI CRASHES | i. <input type="checkbox"/> ROBBERY |
| d. <input type="checkbox"/> DOMESTIC VIOLENCE | j. <input type="checkbox"/> ASSAULT |
| e. <input type="checkbox"/> ADULT SEXUAL ASSAULT | k. <input type="checkbox"/> OTHER VIOLENT CRIME (specify) |
| f. <input type="checkbox"/> ELDER/ADULT ABUSE | |

11. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA/ICJI FUNDED PROJECT (including match)

- | | |
|---|---|
| a. <input type="checkbox"/> CRISIS COUNSELING | h. <input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE |
| b. <input type="checkbox"/> FOLLOWUP CONTACT | j. <input type="checkbox"/> EMERGENCY LEGAL ADVOCACY |
| c. <input type="checkbox"/> THERAPY | k. <input type="checkbox"/> ASSISTANCE IN FILING |
| d. <input type="checkbox"/> GROUP TREATMENT/SUPPORT | COMPENSATION CLAIMS (Mandatory) |
| e. <input type="checkbox"/> SHELTER/SAFE HOUSE | l. <input type="checkbox"/> PERSONAL ADVOCACY |
| f. <input type="checkbox"/> INFORMATION/REFERRAL (In-person) | m. <input type="checkbox"/> TELEPHONE CONTACT (Info/Referral) |
| g. <input type="checkbox"/> CRIMINAL JUSTICE SUPPORT/ADVOCACY | n. <input type="checkbox"/> OTHER (Specify) |